

EXHIBIT 1 (a)

City of New York

Department of Health

Bureau of Vital Records

CERTIFICATE OF BIRTH REGISTRATION

Below is an exact copy of a certificate of Birth registered for your child. It is sent without charge. If the certificate contains any errors return this copy with the correct information to the Bureau of Vital Records, 125 Worth Street, New York, N.Y. 10013. You will be advised how to have the record corrected. It is important to do this at once.

The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

Notice In Issuing this transcript of the record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law.



Edward J. Koch

MAYOR

Sylvia J. Mason

COMMISSIONER OF HEALTH

James A. Scanlon

CITY REGISTRAR

VITAL RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

CERTIFICATE OF BIRTH

156-87-502868

Birth No.

DATE FILED

AUG 11 12 05 PM '87

1. FULL NAME OF CHILD		(Type or Print) First Name		Middle Name		Last Name	
		JOSEPH		MICHAEL		CODD	
2. SEX	MAL	3a. NUMBER OF CHILDREN born of this pregnancy	4a. DATE OF CHILD'S BIRTH	(Month)	(Day)	(Year)	4b. HOUR
		3b. If more than one, number of this child in order of birth	JULY	29,	1987	4:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
5. PLACE OF BIRTH	NEW YORK CITY		b. NAME OF HOSPITAL, If not in hospital, street address				c. TYPE OF PLACE
	a. BOROUGH OF	STATEN ISLAND	ST. VINCENT'S MEDICAL CENTER OF RICHMOND				<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other
6a. MOTHER'S FULL MAIDEN NAME			6b. MOTHER'S AGE at time of this birth		6c. MOTHER'S BIRTHPLACE, State or foreign country		
JO ANN PATRICIA TORTORA			32		NEW YORK		
7. MOTHER'S USUAL RESIDENCE	a. State	b. County	c. City, town or location	d. Street and house number	e. Inside city limits of 7c?		
	NEW YORK	RICHMOND	STATEN ISLAND	5000 AMBOY ROAD			
8a. FATHER'S FULL NAME			8b. FATHER'S AGE at time of this birth		8c. FATHER'S BIRTHPLACE, State or foreign country		
KEVIN PATRICK CODD			39		NEW YORK		
9a. NAME OF ATTENDANT AT DELIVERY			C.N.M. R.N. D.O. M.D.		9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN.		
CHITRA PERERA			(M.D.)		C.N.M. R.N. D.O. M.D.		
Information added or amended			Signed				
(Reason)			Name of Signer				
Date			CHITRA PERERA, MD.				
City Registrar			(Type or Print)				
			ST. VINCENT'S MEDICAL CENTER OF RICHMOND				
			Address				
			JULY 29, 1987				
			Date Signed				

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

Print here the mailing address of mother.

Copy of this certificate will be mailed to her when it is filed with the Department of Health

Name MRS. JO ANN CODD
Address 5000 AMBOY ROAD
City STATEN ISLAND State NEW YORK Zip Code 10312

EXHIBIT 2 (a)



SOCIAL STUDIES ACHIEVEMENT CERTIFICATE

THIS HONOR IS BESTOWED UPON

Joseph Codd

in recognition of outstanding achievement in

School Social Studies Fair

At CLS this 25 day of June year of 1999

Mrs. Denise Whorton James P. Cummings



Physical Fitness Award

This Certifies That

Joseph Codd

IS HEREBY AWARDED THIS CERTIFICATE
FOR SPORTSMANSHIP AND
OUTSTANDING ACCOMPLISHMENTS IN

The New York State Fitness Test

For The Year 1999

Our Lady Star
of the Sea School



Our Lady Star of the Sea School
Attendance Award

This is to Certify that

Joseph Codd

has maintained a record of Perfect Attendance during the school
year 1998 to 1999 and in recognition of this worthy record, this

Certificate of Achievement

is granted this 23 day of June, 1999

Adriana Forcia Teacher James P. Cummings Principal

Archdiocese of New York

Superintendent of Schools



This certifies that

Joseph Michael Codd

having satisfactorily completed at

Our Lady Star of the Sea School

a prescribed course of study, which has the approval of the Superintendent of Schools, conforms to the guidelines of the New York State Education Department, and reflects Catholic doctrine and practice, is awarded this

Diploma

In testimony whereof, we have affixed our signatures
this month of June, 2001.

Dr. Catherine Hickey
Superintendent of Schools

Jeffrey Conway
Pastor

James Cunningham
Principal

THE NEW YORK CITY DEPARTMENT OF EDUCATION
DIPLOMA
TOTTENVILLE · HIGH · SCHOOL

THIS · IS · TO · CERTIFY · THAT

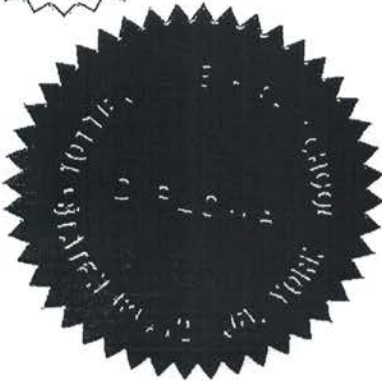
Joseph Codd

HAS · SUCCESSFULLY · COMPLETED · THE · EDUCATIONAL · REQUIREMENTS
OF · THE

HIGH · SCHOOL · PROGRAM

AND · HAS · MERITED · GRADUATION

June · 20 05



Joel I Klein
CHANCELLOR

John T. ...
PRINCIPAL



EXHIBIT 3(a-d)

TRANSITIONS

RECOVERY PROGRAM

A Commitment to Self: Mind, Body and Spirit

Date: 7/25/2019

Continues in Treatment

RE: Joseph Codd

Please allow this letter to serve as verification that the above referenced patient continues in treatment at our facility since their admission on 12/19/2018. The patient's treatment plan includes working on various issues, including but not limited to the following topics: alcohol and chemical dependency education, dual diagnosis, medication education, relapse prevention, low self-esteem, grief and unresolved loss. The client has made considerable progress in the area of working on denial, lack of coping skills, knowledge of the disease and has integrated well into the therapeutic community. Individual counseling sessions and daily 12-Step fellowship meetings (AA/NA) are also incorporated. The clinical recommendation at this time is that the client continue in treatment with daily participation and monitoring. They have built a rapport with our clinicians and the therapeutic needs best served by remaining in this milieu. We thank you in advance for any consideration you may provide to enable the patient to continue their length of stay. An approximate date of discharge has been set for 10/19/2019.

Transitions Recovery Program is an established, licensed facility accredited by JCAHO, and licensed by the Department of Children and Families in both psychiatric illnesses and addiction. The mission of Transitions is to meet the therapeutic needs of adults by offering a supportive, therapeutic, and comprehensive program of rehabilitation delivered within a continuum of care. Transitions belief is that chemical dependency is a treatable illness, and that recovery and remission of symptoms can occur with the proper treatment. The focus of the program is on psychosocial rehabilitation using education, counseling, behavior management and peer support to introduce and reinforce abstinence, and move the patient into a productive lifestyle with ongoing involvement in Twelve Step programs of recovery.

Please feel free to contact the patient's primary therapist with any questions or concerns.
The patient's primary therapist is Marian Bach


Respectfully yours,



Marian Bach, LMHC, CAP
Clinical Director

1928 N.E. 154th Street • Suite 100 • North Miami Beach, Florida 33162
Tel. (305) 849-9001 • Fax (305) 845-6074



	Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162	Assessments
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Name : Codd, Joseph Program : IOP, 1928 NE 154th Street , Miami, FL 33162	Admit : 12/19/2018 To : 11/15/2019	Med Rec # : 7840 Episode No. : 46141
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Admission Assessments

Admission Assessments

Date : 12/19/2018 Score : 32

Section A - RTF Criteria

1. The Patient meets the following RTF criteria: Yes
 (NOTE: If not - Please note in Comments)
- At least 18 years of age
 - Ambulatory or capable of self-transfer and self-preservation
 - Able to participate in and benefit from treatment programming and services
 - Free of major medical conditions requiring ongoing 24 hour per day 7 day of week nursing
 - Able to self-administer and monitor own medications with minimal prompting
 - Able to maintain personal hygiene and grooming with minimal prompting
 - Able to utilize recreational and social resources with staff encouragement.
 - Able to utilize community transportation system.
 - Able to manage income with assistance.
 - Able to express problems and concerns to appropriate persons.

Section B - Educational Learning

Assessment

- | | |
|--|---|
| 2. Did you participate in any pre-treatment education? (If answer is Yes, List in Comments) | Patient stated Yes. |
| 3. Patient's knowledge of their disease: | Needs Education |
| 4. Barriers to Learning: (check all barriers and explain in area provided) - List others in comments | None |
| 5. Do you have any religious or cultural practices that may alter your care? - (If Yes, List in Comments) | Patient Denies. |
| 6. Patient can communication in the following languages: | English |
| 7. Patient's reading ability: | Able to read |
| 8. Patient reads in: | English |
| 9. Readiness for Learning (check all that apply): - (List Others in comments) | Expresses desire or information |
| 10. Individual Educational Needs/Patient & Family: (check all identified needs that apply) | Medication, Current Medical Issues, Psychiatric Issues, ADL (basic), Nutrition, Community Resources/Support Groups |
| 11. If Patient indicated Medications, Current Medical Issues, ADL (basic), Food/Drug interaction or Community Resources, please specify: | |
| 12. Preferred Learning Style: (check all that apply) - (List Others in Comments): | Discussion with Staff, Pictures, Videos, Information sheet, Computer, Ask/answer questions, Having information read to me by someone else |



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street, Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Admission Assessments

(Continued...)

Admission Assessments

Date : 12/19/2018 Score : 32

Section C - Teaching Needs

Includes but not limited to the following

13. Teaching needs: (includes but not limited to the following)

Physiatric issues, Medical issues,
ADL skills, Community
Resources/Support Groups,
Access to follow-up and Aftercare
Services, Medication, Nutrition,
Relapse Prevention, Anger, Stress
Management

14. If Patient indicated Medication, include purpose, dosage, side effects:

Section D - Clinical Team Alerts

15. Alert Clinical Team of potential areas to be considered during tx planning:

Dual Diagnosis Potential -
Depression Bipolar Disorder
ADHD etc., Grief/Loss, Anger,
Legal Issues

Allie Siegel - Intake Coordinator -

Type : Assessed by Method : Password
Date : 12/19/2018 7:17:29 AM

Marian Bach - Clinical Director -

Type : Reassessed by Method : Password
Date : 12/19/2018 11:04:33 AM

Functionable Assessment

Date : 12/19/2018


1. The Patient is a competent adult, ambulatory, capable of self preservation, able to participate in all treatment programming & services, free of major medical conditions requiring 24hr. NSG care, Does not exhibit chronic inappropriate behavior which disrupts facility activities, is not harmful to self or others, capable of learning & using skills.
2. If the patient does not meet all the above functional requirements, please identify here. (NOTE: If patient does not meet all of the above requirements, they may not be suitable for treatment at this facility).
3. Is the patient able to administer and monitor own medications, perform household chores, maintain personal hygiene & grooming, utilize recreational & social sources, utilize community transportation system, manage income and express problems & concerns to appropriate persons.
4. If the patient can not perform the above tasks with at least minimal staff supervision or prompting from staff, please identify here. (NOTE: If patient can not, they may not be suitable for treatment at this facility).
5. List any cognitive/behavioral deficits:
6. Comments:

Yes, Requires Staff Supervision

Yes, Requires Staff Supervision

Allie Siegel - Intake Coordinator -

Type : Staff Method : Password
Date : 12/19/2018 7:17:45 AM

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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Name : Codd, Joseph	Admit : 12/19/2018	Med Rec # : 7840
Program : IOP, 1928 NE 154th Street , Miami, FL 33162	To : 11/15/2019	Episode No. : 46141

Admission Assessments*(Continued...)***Outcome Survey****Date : 12/19/2018**

This survey is to help us better serve our patients by tracking their progress while in treatment.

Please answer questions to the best of the patients ability, using a scale of 1-4. Questions pertain to how you feel about these issues as a problem a the PRESENT time.

- | | |
|---------------------------------------|-------------------------------------|
| 1. Date of Survey: | 12/19/2018 |
| 2. Cravings to use: | 4 - This is a severe problem for me |
| 3. Knowledge of Relapse/Triggers: | 4 - This is a severe problem for me |
| 4. Knowledge of Addiction: | 4 - This is a severe problem for me |
| 5. Identifying & expressing feelings: | 4 - This is a severe problem for me |
| 6. Ability to maintain abstinence: | 4 - This is a severe problem for me |


Allie Siegel - Intake Coordinator -

Type : Staff

Method : Password

Date : 12/19/2018 12:47:40 PM


Codd, Joseph

Type : Patient

Method : Signature Image

Date : 12/19/2018 12:47:59 PM

Licensed Clinical Review**Date : 12/19/2018**

7. The above intake assessments have been reviewed and the recommended level of care has been approved by the the following licensed Clinician:


Marian Bach, LMHC

Marian Bach - Clinical Director -

Type : Staff

Method : Password

Date : 12/19/2018 11:03:41 AM

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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Name : Codd, Joseph **Admit :** 12/19/2018 **Med Rec # :** 7840
Program : IOP, 1928 NE 154th Street , Miami, FL 33162 **To :** 11/15/2019 **Episode No. :** 46141

Psychiatric Evaluation

Psychiatric Evaluation

Date : 12/19/2018

Patient Information

1. Date of Birth:	7/29/1987
2. Age:	31
3. Sex:	M
4. Race?	Italian
5. Marital Status?	Divorced
6. Occupation?	Driver
7. Allergies (Medication, Food, Environmental)	Joseph Codd has no known allergies.
8. Medications:	[Medications Current]
9. Chief Complaint:	" I relapsed"
10. History:	Opiate addiction age 21, primarily Oxycodone, but any opiate, including heroin. After laast treatment, he stayed clean for 1 year, then began using IN cocain, out of control, became married, had a daughter, divorcesd. continued using, ended up living in moms basement. He loast everything, called for help.No medical issues.
11. Past Psychiatric History:	3 prior treatments, lastly 3 years ago.
12. Substance Abuse:	Alcohol, Cocaine, Opiates
13. Pertinent Family History:	Father,(p) uncle, sister binge drinker

Mental Status

14. Alert:	Yes
15. Oriented Person:	Fully Oriented
16. Speech:	Normal
17. Affect:	Appropriate
18. Mood:	Appropriate to situation
19. Suicidality:	denied
20. Thought Process:	Goal Directed
21. Thought Content:	No Thought Disorder, No Delusional Disorder
22. Thought and/or delusional disorder:	Yes
23. If thought content disorder exists, please specify:	NA
24. Perceptual Disturbance (AV/T/O):	Denies
25. Cognitive:	Recent Memory, Remote Memory, Calculated, Abstract
26. Insight:	Fair
27. Judgement:	Fair



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
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Psychiatric Evaluation

(Continued...)

Psychiatric Evaluation


Date : 12/19/2018

Mental Status

28. Reality Testing:	Good
29. Have anti-craving medications been assessed for/with patient: (If no please provide reason from patient):	No
30. Patient reason for declining anti-craving medications:	will discuss
31. Treatment Plan:	Admit, full medical and psychiatric assessment, full participation, in need of residential treatment
	Primary F14.20
	Cocaine use disorder, Severe
	Primary F10.20
	Alcohol use disorder, Severe
	[Current Clinical Orders]
32. Patient Diagnosis	
33. Admission orders	

Stephen Kahn - Psychiatrist -

Type : Physician Method : Password
Date : 12/19/2018 12:29:45 PM

	Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162	Assessments
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Name : Codd, Joseph	Admit : 12/19/2018	Med Rec # : 7840
Program : IOP, 1928 NE 154th Street, Miami, FL 33162	To : 11/15/2019	Episode No. : 46141

Medical Admission Assessments

Medical History

Date : 12/19/2018

Medical History

- Have you ever had or now have any of the following:
 Polio Myelitis, Mumps, Whooping Cough, Nose Bleeds, Scarlet Fever,
 High Blood Pressure, Kidney Trouble, Ringing in Ears, Kidney Stones,
 Blood in Urine, Burning Urine, Hemorrhoids, Eye Trouble, Deafness,
 Hoarseness, Weight Loss, Painful Urination, Frequent Urination, Drug
 Sensitivity, Dizzy Spells, Fainting, Chest Pain, Back Pain, Constipation,
 Chronic Cough, Seizures, Coughing Up Blood, Venereal Disease,
 Loss of Memory, Frequent Colds, Skin Trouble, Shortness of Breath,
 Heart Palpitations, Swelling of Feet, Swollen Ankles, Diabetes,
 Vomiting of Blood, Chronic Indigestion, Operations, Arthritis, Stomach
 Pain, Yellow Jaundice, Bloody Stools, Frequent Vomiting, Black Stools,
 Night Sweats, Painful Muscles, Nervousness, Painful Joints, Serious
 Injury, Varicose Veins, Hernia, Rupture, Epilepsy, Anemia,
 Rheumatism, Depression, Psychiatric Problems, Eating Disorder,
 Current Dental Problems.
- Notes:

Patient Denies

Adult Nutritional Screening

- Weight (of gt/eq 5% over past 30 days):
- Is there any history of an eating disorder:
- Feeding Problems:
- Gastrointestinal Problems:
- Dietary Problems:
 List special requirements in comments
- How is your appetite?
- Date of Referral:

N/A

Stable

Patient Denies.

No problems

No Problems

Pt denies

Good

N/A

Emotional Behavior History

- Current treatment for mental/emotional problems:
- Previous treatment for mental/emotional problem:
- Suicide/Homicidal Ideation:
- Thought process: Oriented to:
 If disoriented, list in comments
- Affect:
- Mood:
- Memory, Immediate memory: (recall words and numbers over period of
 5-10 minutes)
- Memory, Recent memory: (recall events which occurred over hours to
 weeks)
- Memory, Remote memory: (ability to recall events in the patient's life
 history)
- Is patient likely to have special problems adapting to treatment
 program? (Note: speech, language, hearing, learning or other
 impairments)
- Emotional Behavior comments:

Patient Denies.

Patient Denies.

Patient Denies.

Time, Place, Person, Situation

Anxious

Appropriate to Situation

1-None

1-None

1-None

No

N/A

Medial Examinations/Limitations and Evaluations History

- Date of Last Physical Exam:
- Last physical exam by:
- Date of last dental exam:

The Detox Center

12/13/2018

12/3/2018



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street, Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Medical Admission Assessments

(Continued...)

Medical History

Date : 12/19/2018

Medial Examinations/Limitations and Evaluations History

- | | |
|--------------------------------------|--------|
| 24. Last dental exam by: | unsure |
| 25. Response to Medications: | N/A |
| 26. Physical Handicaps: | N/A |
| 27. Physical limitations: | N/A |
| 28. Functional limitations: | N/A |
| 29. Further Evaluations Recommended: | N/A |

Work Related Assessment

- | | |
|--|---------------|
| 30. Patient has been unable to hold a job because of | drug use |
| 31. Other reasons patient is unable to hold job: | Pt denies |
| 32. Have you ever been: | Client denies |

Family Medical History

- | | |
|--|-----------|
| 33. Has anyone in your family had or been treated for diabetes? | Pt denies |
| 34. Has anyone in your family had or been treated for cancer? | Pt denies |
| 35. Has anyone in your family had or been treated for Tuberculosis? | Pt denies |
| 36. Has anyone in your family had or been treated for Heart Disease? | Pt denies |
| 37. Has anyone in your family had or been treated for Kidney Trouble? | Pt denies |
| 38. Has anyone in your family had or been treated for High Blood Pressure? | Pt denies |
| 39. Has anyone in your family had or been treated for Hay Fever? | Pt denies |
| 40. Has anyone in your family had or been treated for Asthma? | Pt denies |
| 41. Has anyone in your family had or been treated for Epilepsy? | Pt denies |
| 42. Has anyone in your family had or been treated for Glaucoma? | Pt denies |
| 43. Has anyone in your family had or been treated for Syphilis? | Pt denies |
| 44. Has anyone in your family had or been treated for Psychiatric Disorders? | Pt denies |
| 45. Additional Family illness information. | N/A |

FEMALE PATIENTS ONLY

- | | |
|---|-----|
| 46. Have you ever been: | N/A |
| 47. Age at the onset of first menstruation: | N/A |
| 48. Interval between periods: | N/A |
| 49. Duration of periods: | N/A |
| 50. Date of last period: | N/A |

PATIENT SELF PRESERVATION STATEMENT

- | | |
|--|----------------------------|
| 51. This patient is free of major medical conditions which require 24 hr/day, 7 days a weeks nursing care. | Yes |
| 52. This patient is capable of self preservation (comprehensive and reacting to danger): | Yes |
| 53. Chronic Medical Condition (If severe COMPLETE SAFETY CONTRACT) | No Active Medical Problems |
| 54. Does Pt require re-assessment? | No |



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Keisa Heard, LPN - Nurse -

Type : Nurse

Method : Password

Date : 12/19/2018 1:42:53 PM

Andres Prieto - Physician -

Type : Physician

Method : Password

Date : 12/19/2018 1:43:11 PM

zzz Pain Assessment

Date : 12/19/2018

PAIN SCALE

- | | |
|--|-----|
| 1. Type: (Location) | N/A |
| 2. History: (include date of onset) | N/A |
| 3. Cause: | N/A |
| 4. Quality: | N/A |
| 5. Pain Level: 0-no pain, 5-moderate, 10-severe (choose a number between 0-10) | N/A |
| 6. Duration: | N/A |
| 7. Triggers: | N/A |
| 8. Effects on daily life: | N/A |
| 9. What is usually taken for pain? | N/A |
| 10. Effects of medication and/or treatment: | N/A |
| 11. Pain goal: | N/A |

Keisa Heard, LPN - Nurse -

Type : Staff

Method : Password

Date : 12/19/2018 1:20:21 PM

Tuberculin Screening Test

Date : 12/19/2018

TUBERCULIN SCREENING TEST

- | | |
|----------|------------|
| 1. Date: | 12/19/2018 |
|----------|------------|

Mantoux Test Results

- | | |
|--------------|-----|
| 2. Site: | LFA |
| 3. Negative: | Yes |
| 4. Positive: | N/A |
| 5. Not Read: | N/A |

Chest X-Ray Findings

- | | |
|---------------------|--|
| 6. Hospital/Clinic: | |
| 7. Abnormal: | |
| 8. Other: | |

Review Section

- | | |
|---------------------------|---------------------|
| 9. Administered By: | Danielle Collins RN |
| 10. Administered by date: | 12/19/2018 |
| 11. Read By: | Danielle Collins RN |
| 12. Read by date: | 12/21/2018 |
| 13. Reviewed By: | Stephen Kahn MD |
| 14. Reviewed by Date | 12/26/2018 |



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

 RN

Danielle Collins - RN -

Type : Staff

Method : Password

Date : 12/21/2018 12:14:57 PM



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street , Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Clinical Admission Assessments

Psychosocial Assessment

Date : 12/20/2018 Score : 4

1. What is the presenting problem leading to admission into treatment?
Make sure to include the individual's substance use history, including age of onset, choice of drugs, patterns of use, consequences of use, and functional impairment, and types and duration of, and responses to, prior treatment episodes:

"I have legal issue that because of my chemical dependence to cocaine and alcohol addiction"

FAMILY HISTORY

2. What is the family of origin history?
6. History of past or current psychological, physical abuse, exploitation and/or trauma in childhood or at present time.
7. Family history of medical illness?

" I am Italian and Irish"

Patient denies

Patient stated Yes (See Comments)

Comments : "Bipolar on my fathers side"

8. Has your substance abuse/eating disorder/psychiatric problems affected your family of origin?

" Yes i have not seen my daughter in a year and my ex-wife has a restraining order on me"

CULTURAL INFLUENCES

12. Are there any ethnic or cultural issues that might need special attention while you are here? If yes, describe any ethnic or cultural issues that are significant in regards to your ability to maintain good/clean mental health.

Patient denies

EDUCATION HISTORY

13. Level of Education? (Provide additional Info in Comments)
14. Describe any behavioral, learning disabilities, or traumatic experiences that are significant to education and share how your substance abuse/eating disorder/mental illness may have affected the education process.

High School (Including GED)

Patient denies

EMPLOYMENT HISTORY

16. What is your occupation?
17. Any special skills, training or licenses?

"teamster union" Truck Driver"

Patient stated Yes (See Comments)

Comments : CDL class b driver's licence

19. Employment history for the past five years, including date of last employment.
19. Is your job in jeopardy at this time?

Advance Trucking

Patient stated Yes (See Comments)

Comments : " I am unemployed at this time"

20. Any usage of drugs/ETOH at work?

Patient stated Yes (See Comments)

Comments : "All the time"

21. Do you collect SSI? (If Yes, please provide how long in comments section)
22. Any vocational interests and/or goals? (List any educational needs in comments section).
22. How has your substance abuse/eating disorder/mental illness affected your job history and performance?

Patient denies

Patient denies

Patient stated Yes (See Comments)

Comments : "I lost my job because of drugs"

RELATIONSHIP HISTORY

23. Past and present marital/significant other relationships:
24. Number of children?

" I am divorced "

1



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
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Clinical Admission Assessments

(Continued...)

Psychosocial Assessment

Date : 12/20/2018 Score : 4

RELATIONSHIP HISTORY

25. Children names/age/sex/current residence.
26. How has your substance abuse/eating disorder/mental illness affected your marriage(s) and/or your family of choice relationships?
Comments : Divorced

Ava Mari 2 1/2 "my little girl"
Patient stated Yes (See Comments)

SEXUAL HISTORY

30. Present sexual orientation?
31. Always had the same sexual orientation?
32. Do you have a history of: (provide explanation in comments for each item identified)

Patient Stated Heterosexual
Patient stated Yes (See Comments)
Unsafe Sex, HIV Risk Behavior, Been Involved or Now In an Abusive Relationship

LEISURE AND LIFESTYLE

34. Do you have any hobbies, recreational activities, sports, or other leisure interests?
Comments : "I used to be into my bike"
35. Has your substance abuse/eating disorder/mental illness had any effect on the above activities?
Comments : lost interest

Patient denies

Patient stated Yes (See Comments)

CURRENT LIVING SITUATION/SUPPORT SYSTEM/FINANCES

36. Who are you living with and where?
37. Are your living arrangements compatible with a sober lifestyle?
38. Do you have any friends that are clean and sober? If yes, list in comments people in your life that will support you having a sober lifestyle.
Comments : "I have a friend that work for treatment"
39. Have you ever been in a 12-Step program before? If yes, what was the experience like?
Comments : "It was the best years of my life"
40. Describe your financial status.
42. Has your substance abuse/eating disorder/mental illness affected your financial condition?
Comments : "I lost it all"

"I am in treatment at this time"

Patient Stated Yes

Patient stated Yes (See Comments)

Patient stated Yes (See Comments)

"I am ok I have some savings."

Patient stated Yes (See Comments)

OTHER PERTINENT DATA

43. Have you ever been in the Military? (If yes, please list dates of service/branch/type of discharge.
44. Do you have a legal history of arrests/DUI's/probation/pending charges. (If yes, please list in comments.
Comments : "I have a DUI in New York pending" "probation violation with evidence"
45. Patient identified strengths.
46. Patient identified weaknesses.

Patient denies

Patient stated Yes (See Comments)

"Robbery charge pending" "tapering

"I am determine , strong minded and I have a good work ethic."
"easily Influenced, and very materialist, I have an image



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street , Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Clinical Admission Assessments

(Continued...)

Psychosocial Assessment

Date : 12/20/2018 Score : 4

OTHER PERTINENT DATA

- | | |
|--|--|
| <p>47. What are the three biggest stressors in your life right now?</p> <p>48. Goals for treatment identified by patient.</p> <p>49. Are there any special medical needs that you have not shared with the medical staff yet?
Comments : "I was told that i may be bipolar"</p> <p>50. Is there anything else that might need special attention while you are in treatment?</p> <p>51. Are you currently under psychiatric care? Release of information signed?</p> <p>52. Are you currently taking psychiatric medications?</p> <p>53. Have you had any unusual thoughts or feelings? (If yes or Other, explain in comments)</p> <p>54. Have you ever been in a psychiatric hospital? Please list where and when.</p> | <p>"Legal matters, my addiction , and being separated from my daughter."</p> <p>"My goal is to get sober and resolve my legal issue and to unify with my daughter."</p> <p>Patient stated Yes (See Comments)</p> <p>Patient denies</p> <p>Patient denies</p> <p>Patient denies</p> <p>Often feel nervous or anxious., Often suffer from bouts of depression., Often have difficulty concentrating.</p> <p>Patient denies</p> |
|--|--|

MS, NLP, CAP, ICEP

Eudely Ruiz

Type : Staff Method : Password
Date : 12/20/2018 11:25:17 AM

Marian Bach - Clinical Director -

Type : Supervisor Method : Password
Date : 1/28/2019 4:00:56 PM

Spirituality

Date : 12/20/2018 Score : 1

- | | |
|---|---|
| <p>1. Were you raised in a particular religion?</p> <p>2. Do you still practice it?</p> <p>3. Do you believe in life after death?</p> <p>4. Do you use prayer in your life?</p> <p>5. What does "Spirituality" mean to you?</p> <p>6. Who or what provides you with strength and hope?</p> <p>7. Do you have a philosophy of life? Can you describe it?</p> <p>8. What are your spiritual goals?</p> <p>9. What do the words "Higher Power" mean to you?</p> <p>10. Do you ever call on God or a Higher Power to help you?</p> <p>11. Perhaps you have heard of spirituality in AA or NA groups. Would you be comfortable using these principles?</p> <p>12. Does drug or alcohol use, or any other addiction interfere with your spiritual or religious practices? Explain.</p> <p>13. Would you like help with your spirituality?</p> | <p>Catholic</p> <p>Patient Denies.</p> <p>Patient stated "I'm not sure."</p> <p>Patient Denies.</p> <p>"I have no idea"</p> <p>"just my daughter and myself"</p> <p>" make money provide for your family and I don't mind helping people either."</p> <p>"Peace of mind clear headed"</p> <p>"at this point GOD I guess "</p> <p>"sure only when i am desperate"</p> <p>Patient stated Yes.</p> <p>"I guess so I don't know"</p> <p>Patient stated Yes.</p> |
|---|---|



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Eudely Ruiz NS, WAP, SAP, JCRFL

Eudely Ruiz

Type : Staff

Method : Password

Date : 12/20/2018 11:30:29 AM

Clinical Review/Recommendations

Date : 12/20/2018

- | | |
|--|-----------------------------------|
| 1. Any psychiatric problems reported? | Patient denies |
| 2. Does the client meet current ASAM criteria for recommended level of care? | Patient stated Yes (See Comments) |
| Comments : Chemical dependency | |
| 3. Any eating disorder reported? | Patient denies |

Eudely Ruiz NS, WAP, SAP, JCRFL

Eudely Ruiz

Type : Staff


Method : Password

Date : 12/20/2018 11:31:14 AM

Master Treatment Problem List

Date : 12/20/2018

- | | |
|--|----------------------|
| 1. Treatment Plan Date | 12/20/2018 |
| 2. Problem #1 | Chemical Dependency |
| 3. Modality #1 | 1:1, Group, Tx Plans |
| 4. Deferred Tx Modality #1 | |
| 5. To be referred Date / Referral #1 | |
| 6. Not to be addressed at this time / Date change & new status #1 | |
| 7. Problem #2 | Medical Issues |
| 8. Modality #2 | 1:1, Group, Tx Plans |
| 9. Deferred Tx Modality #2 | |
| 10. To be referred Date / Referral #2 | |
| 11. Not to be addressed at this time / Date change & new status #2 | |
| 12. Problem #3 | Legal Issues |
| 13. Modality #3 | 1:1, Group, Tx Plans |
| 14. Deferred Tx Modality #3 | |
| 15. To be referred Date / Referral #3 | |
| 16. Not to be addressed at this time / Date change & new status #3 | |
| 17. Problem #4 | Relapse Prevention |
| 18. Modality #4 | 1:1, Group, Tx Plans |
| 19. Deferred Tx Modality #4 | |
| 20. To be referred Date / Referral #4 | |
| 21. Not to be addressed at this time / Date change & new status #4 | |
| 22. Problem #5 | |
| 23. Modality #5 | |
| 24. Deferred Tx Modality #5 | |
| 25. To be referred Date / Referral #5 | |
| 26. Not to be addressed at this time / Date change & new status #5 | |
| 27. Problem #6 | |
| 28. Modality #6 | |

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street, Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

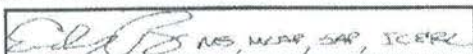
Clinical Admission Assessments

(Continued...)

Master Treatment Problem List

Date : 12/20/2018

29. Deferred Tx Modality #6
30. To be referred Date / Referral #6
31. Not to be addressed at this time / Date change & new status #6
32. Problem #7
33. Modality #7
34. Deferred Tx Modality #7
35. To be referred Date / Referral #7
36. Not to be addressed at this time / Date change & new status #7
37. Problem #8
38. Modality #8
39. Deferred Tx Modality #8
40. To be referred Date / Referral #8
41. Not to be addressed at this time / Date change & new status #8
42. Problem #9
43. Modality #9
44. Deferred Tx Modality #9
45. To be referred Date / Referral #9
46. Not to be addressed at this time / Date change & new status #9
47. Problem #10
48. Modality #10
49. Deferred Tx Modality #10
50. To be referred Date / Referral #10
51. Not to be addressed at this time / Date change & new status #10

 NS, MAP, SAP, ICERL

Eudely Ruiz

Type : Therapist Method : Password
Date : 12/20/2018 11:33:16 AM



Codd, Joseph

Type : Patient Method : Signature Image
Date : 12/20/2018 11:33:39 AM

 CAP

Marian Bach - Clinical Director -

Type : Supervisor Method : Password
Date : 1/28/2019 4:01:21 PM

Comprehensive Treatment Plan

Date : 12/20/2018

- | | |
|---|--|
| 1. Presenting Problem: | Chemical Dependency |
| 2. Family Participation: | Willing to have a family telephone session |
| 3. Name of Family Participant and relationship: | Mother and father and ex-wife |
| 4. Patient Strengths: | Willingness to change, Acceptance of treatment |
| 5. Patient Limitations and Barriers: | Communication problems |



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street , Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Clinical Admission Assessments

(Continued...)

Comprehensive Treatment Plan

Date : 12/20/2018

6. Criteria for transition to a more independent & less restrictive environment:

Continued abstinence / sobriety,
Follow rules and regulations, Has a
sponsor or support group,
Conforms to ASAM criteria for
discharge transfer

7. Discharge and / or Transfer Criteria:

Completed all treatment plan
objectives, Conforms to ASAM
criteria for discharge, All the above
for transition to a more
independent and less restrictive
environment have been met.

Eudely Ruiz

Type : Staff

Method : Password

Date : 12/20/2018 11:35:33 AM

Mental Status Exam

Date : 12/20/2018

1. GENERAL APPREANCE NORMAL (Y/N)

Yes

SECTION 1 - FACIAL EXPRESSION

2. Facial Expression Normal (Y/N) - If YES skip to SECTION 2

Yes

3. Sad

N/A

4. Expressionless

N/A

5. Hostile

N/A

6. Worried

N/A

7. Poor Eye Contact

N/A

SECTION 2 - DRESS

8. Dress Normal Normal (Y/N) - If YES skip to SECTION 3

Yes

9. Meticulous

N/A

10. Clothing

N/A

11. Eccentric

N/A

12. Seductive

N/A

13. Disheveled

N/A

SECTION 3 - PHYSICAL HEALTH AND SOMATIC FUNCTIONING

14. Physical Health and Somatic Functioning Normal (Y/N) - If YES skip to SECTION 4

Yes

15. Poor Nutritional State

N/A

16. Poor Appetite

N/A

17. Obesity

N/A

18. Increased Appetite

N/A

19. Insufficient Energy

N/A

20. Sleep Disturbance

N/A



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street , Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Clinical Admission Assessments

(Continued...)

Mental Status Exam

Date : 12/20/2018

SECTION 4 - GENERAL BEHAVIOR AND ATTITUDE


- | | |
|--|--------------|
| 21. General Attitude and Behavior (Y/N) - If YES skip to SECTION 5 | Yes |
| 22. Cooperative | Yes |
| 23. Uncooperative | N/A |
| 24. Elevated Mood | N/A |
| 25. Ashamed/Guilty | 2 - Moderate |
| 26. Psychomotor agitated | 2 - Moderate |
| 27. Manipulative | 1 - Mild |
| 28. Seductive | N/A |
| 29. Irritable | 2 - Moderate |
| 30. Angry Outburst | 2 - Moderate |
| 31. Apathetic | 1 - Mild |
| 32. Overly dramatic | N/A |
| 33. Demanding | N/A |
| 34. Passive | N/A |
| 35. Naive | N/A |
| 36. Impulsive | 1 - Mild |
| 37. Hostile | 1 - Mild |
| 38. Withdrawn | 1 - Mild |
| 39. Fearful | 1 - Mild |
| 40. Inaccessible (unable to listen) | N/A |
| 41. Psychomotor retardation | N/A |

SECTION 5 - THOUGHT CONTENT

- | | |
|---|-----|
| 42. Thought Content Normal (Y/N) - If yes skip to SECTION 6 | Yes |
| 43. Suicide Thoughts | N/A |
| 44. Suicide Plan | N/A |
| 45. Assaultive Plan | N/A |
| 46. Homicidal Thoughts | N/A |
| 47. Antisocial | N/A |
| 48. Suspicious | N/A |
| 49. Lack of Thought Content | N/A |
| 50. Phobias | N/A |
| 51. Obsessions | N/A |
| 52. Compulsions | N/A |
| 53. Feels Persecuted | N/A |
| 54. Thoughts of Running Away | N/A |
| 55. Somatic Complaints | N/A |

SECTION 6 - INTELLECT

- | | |
|---|-----|
| 56. Intellect Normal (Y/N) - If Yes skip to SECTION 7 | Yes |
| 57. Above Normal | N/A |

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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Name : Codd, Joseph **Admit :** 12/19/2018 **Med Rec # :** 7840
Program : IOP, 1928 NE 154th Street, Miami, FL 33162 **To :** 11/15/2019 **Episode No. :** 46141

Clinical Admission Assessments

(Continued...)

Mental Status Exam

Date : 12/20/2018

SECTION 6 - INTELLECT

58. Below Normal	N/A
59. Vocabulary Poor	1 - Mild
60. Calculations	N/A
61. Poor Abstractions	N/A

SECTION 7 - VOICE

62. Voice Normal (Y/N) - If Yes skip to SECTION 8	Yes
63. Too Loud	N/A
64. Too Soft	N/A
65. Monotone	N/A
66. Whining	N/A
67. Inappropriate	N/A

SECTION 8 - COMMUNICATIONS

68. Communications Normal (Y/N) - If Yes skip to Section 9	Yes
69. Confused	N/A
70. Loose Associations	N/A
71. Flight of Ideas	N/A
72. Pressured Speech	N/A
73. Responds Only When Questioned	N/A
74. Speaks Hesitantly	N/A
75. Reaction Time Abnormally Slow	N/A
76. Neologisms	N/A
77. Tangential	N/A
78. Stuttering	N/A
79. Excessive Profanity	N/A

SECTION 9 - MOOD AND AFFECT

80. Mood and Affect Normal (Y/N) - If YES skip to SECTION 10	No
81. Inappropriate Affect	No
82. Flat Affect	1 - Mild
83. Wide Range Affect	1 - Mild
84. Manic/Hypomania	N/A
85. Depressed Mood	1 - Mild
86. Suspicious	1 - Mild
87. Liable Mood	1 - Mild
88. Anxious Mood	2 - Moderate
89. Euthymic/Euphoric	1 - Mild
90. Rebellious	1 - Mild

SECTION 10 - HALLUCINATIONS

91. Hallucinations (Y/N) - If NO skip to SECTION 11	No
92. Auditory	N/A
93. Visual	N/A



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street, Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Clinical Admission Assessments

(Continued...)

Mental Status Exam

Date : 12/20/2018

SECTION 10 - HALLUCINATIONS

94. Tactile	N/A
95. Olfactory	N/A
96. Visceral	N/A
97. Gustatory	N/A
98. Negitivististic	N/A

SECTION 11 - DELUSIONS

99. Delusions (Y/N) - If NO skip to SECTION 12	No
100. Of Persecution	N/A
101. Of Grandeur	N/A
102. Of Reference	N/A
103. Of Influence	N/A
104. Somatic	N/A
105. Paranoia	N/A
106. Mind-Reading	N/A

SECTION 12 - SENSORIUM

ORIENTATION

107. Sensorium Orientation Normal (Y/N) - If Yes skip to SECTION 13	Yes
108. Time	N/A
109. Place	N/A
110. Person	N/A
111. Purpose	N/A
112. Alert	N/A

SECTION 13 - MEMORY

113. Memory Normal (Y/N) - If YES skip to SECTION 14	Yes
114. Clouding of Conscious	N/A
115. Inability to Concentrate	N/A
116. Amnesia	N/A
117. Poor Recent Memory	N/A
118. Poor Remote Memory	N/A
119. Confabulation	N/A

SECTION 14 - INSIGHT & JUDGEMENT

120. Insight & Judgement Normal (Y/N) - If Yes SAVE ASSESSMENT AND EXIT	No
121. Poor Insight	2 - Moderate
122. Poor Judgement	2 - Moderate
123. Unrealistic Regarding Degree of Illness	1 - Mild
124. Unmotivated For Treatment	1 - Mild
125. Doesn't Know Why HE/SHE is Here	N/A



Transitions Recovery Program
1928 NE 164th Street
Miami, FL 33162

Assessments


Eudely Ruiz NS, M, DP, SAP, SCPL

Eudely Ruiz

Type : Staff

Method : Password

Date : 12/20/2018 11:58:03 AM

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
 Program : IOP, 1928 NE 154th Street , Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

History and Physical

History and Physical

Date : 12/21/2018

PATIENT VITAL SIGNS, CURRENT MEDICATIONS AND ALLERGIES

- | | |
|-------------------------|--|
| 1. Temperature: | 98.5 |
| 2. Pulse: | 101 |
| 3. Respirations: | 18 |
| 4. Blood Pressure: | 123/85 |
| 5. Current Medications: | Guiatuss OTC 1 tsp PRN
Ibuprofen OTC 400 mg PRN
Loperamide OTC (Imodium) 2 mg PRN
Medi-Phenyl OTC 2 tab(s) PRN
Melatonin OTC 5 mg PRN
Milk of Magnesia OTC 60 cc(s) PRN
Pepto-Bismol OTC 2 tblspn PRN
Trazodone - Tablets 50 mg PRN
Vistaril - Capsules 50 mg PRN
Joseph Codd has no known allergies. |
| 6. Allergies: | |

GENERAL APPEARANCE

7. General Appearance:
 Developmental, nutrition, body habitus, deformities, attention to grooming:

PT IS A 31 YR. OLD WM NAD
 AOX3

HISTORY

8. Reason for admission:

PT IS A 31 YR. OLD WM ETOH
 AND COCAINE DRINKING 1
 LITER OF WHISKEY AND OZ OF
 COCAINE DAILY FOR THE LAST
 6 MONTHS

9. Past medical/surgical history:

DENIES

10. Family History/Social history:

DIVORCED 2 1/2 YR. OLD
 TEAMSTER
 1PPD X 10 YR.

11. Cigarette smoking:

EYES

Key: WNL=Within Normal Limits
ONL=Outside Normal Limits

12. Eyes Examination:
 Inspection of conjunctivae and lids.
 Examination of pupils and irises.
 Ophthalmoscopic exam of optic discs.
 13. Any portion of Eye exam ONL, describe:

Within Normal Limits



Transitions Recovery Program
1928 NE 154th Street
Miami, FL 33162

Assessments

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
Program : IOP, 1928 NE 154th Street, Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

History and Physical

(Continued...)

History and Physical

Date : 12/21/2018

EARS, NOSE, MOUTH and THROAT

14. Ears, Nose, Mouth and Throat exam: Within Normal Limits
 External inspection of ears and nose.
 Otoscopic exam of external auditory canals & tympanic membranes.
 Assessment of hearing.
 Inspection of lips, teeth, gums.
 Inspection of nasal mucosa, septum and turbinates;
 Examination of oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx
 15. Any portion of ENMT exam is ONL, describe:

NECK

16. Examination of neck and thyroid: Within Normal Limits
 17. Any portion of Neck or thyroid ONL, describe:

RESPIRATORY

18. Respiratory Exam: Within Normal Limits
 Assessment of respiratory effort
 Percussion of chest.
 Auscultation of lungs.
 Palpation of chest.
 Auscultation of lungs.
 19. Any portion of Respiratory exam is ONL, describe:

CARDIOVASCULAR

20. Cardiovascular Exam: Within Normal Limits
 Palpation of Heart.
 Auscultation of heart with notation of abnormal sounds and murmurs.
 Exam of carotid arteries
 Abnormal aorta
 Femoral arteries
 Pedal pulses
 Extremities edema and/or varicosities
 21. Any portion of Cardiovascular response exam is ONL, describe:

CHEST

22. Chest Exam: Within Normal Limits
 Inspection of breasts.
 Palpation of breast and axilla
 23. Any portion of Chest exam ONL, describe:

GASTROINTESTINAL

24. Gastrointestinal Exam: Within Normal Limits
 Examination of abdomen with notation of absence of masses or tenderness,
 Exam of liver and spleen,
 Examination (when indicated) of anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses.
 25. Any portion of Gastrointestinal exam ONL, describe:


26. Sex M

GENITOURINARY

27. Genitourinary: Deferred
 28. Examination results of Genitourinary if not deferred:

LYMPHATIC

29. Palpation of lymph nodes in two or more areas, including Neck, Axillae, Groin or Other area. Within Normal Limits

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
 Program : IOP, 1928 NE 154th Street, Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

History and Physical

(Continued...)

History and Physical

Date : 12/21/2018

LYMPHATIC

30. Any portion of Lymphatic exam response ONL, describe:

MUSCULOSKELETAL

31. Musculoskeletal Exam:

Within Normal Limits

Examination of gait and station;
 Inspection and/or palpation of digits and nails;
 or more of the following six areas:
 1) head and neck;
 2) spine, ribs and pelvis;
 3) right upper extremity;
 4) left upper extremity;
 5) right lower extremity;
 6) left lower extremity;
 Inspection and/or palpation with notation of
 presence of any misalignment, asymmetry,
 crepitation, defects, tenderness, masses, effusions;
 Assessment of stability with notation of any
 dislocation (luxation), subluxation or laxity;
 Assessment of muscle strength and tone (e.g. flaccid, cog wheel,
 spastic) with notation of
 any atrophy or abnormal movements;

32. Any portion of Musculoskeletal exam response ONL, describe:

SKIN

33. Skin Examination:

Within Normal Limits

Inspection of skin and subcutaneous tissue;
 Palpation of skin and subcutaneous tissue.

34. Any portion of Skin exam response ONL, describe:

NEUROLOGIC

35. Neurologic Exam:

Within Normal Limits

Test cranial nerves with notation of any deficits;
 Exam of deep tendon reflexes with notation of pathological reflexes
 (Babinski);
 Exam of sensation (touch, pin, vibration, proprioception).

36. Any portion of Neurological exam response ONL, describe:

DIAGNOSIS

37. Patient is medically cleared for use of gym and/or exercise equipment: Yes

38. Patient Identifiers:

Primary F14.20
 Cocaine use disorder, Severe
 Primary F10.20
 Alcohol use disorder, Severe
 CD MIXED
 LABS WNL F/U PRN

39. Impression: (Physician impressions, effects of substance abuse on
 patient's health, assessments and recommendations)

40. Plan / Orders:




Andres Prieto - Physician -

Type : Staff

Method : Password

Date : 12/21/2018 10:25:41 AM

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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<p>Name : Codd, Joseph Program : IOP, 1928 NE 154th Street , Miami, FL 33162</p>	<p>Admit : 12/19/2018 To : 11/15/2019</p>	<p>Med Rec # : 7840 Episode No. : 46141</p>
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Transfer Summary

Transfer Summary Details

Date : 2/18/2019

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Date of Transfer: 2. Level of Care Leaving: 3. Reason for transfer from current level of care: 4. Level of care entering: 5. Why is the client appropriate for current level of care: 6. Abstinence maintained (Describe length of sobriety, relapse, cravings): 7. Progress and summary towards treatment goals (what are the tx goals has the client addressed): 8. Areas recommended to still work on in next level of care: 9. The following was also completed: | <p>2/7/2019</p> <p>Residential</p> <p>Client has completed the criterion for a step down a level of care . Client also met the goals and objectives that was place for him at the RES level of care.</p> <p>IOP</p> <p>Client meets the criteria for the level of care entering.</p> <p>Client has been able to maintain 61 days of continues abstinence and has develop the coping skill sufficient enough to enter the IOP level of care.</p> <p>Client has attended the concept of chemical dependent and understands that he requires more life skills building in order to obtain long term recover.</p> <p>Psycho education for independent living with out the use or reverting to mind mood altering substances when dealing with everyday stress.</p> <p>Treatment Plan Review, Asam</p> |
|---|---|

 MS, NLP, CAP, ICBCL

Eudely Ruiz

Type : Staff

Method : Password

Date : 2/18/2019 2:02:07 PM


Outcome Survey

Date : 2/18/2019

This survey is to help us better serve our patients by tracking their progress while in treatment.

Please answer questions to the best of the patients ability, using a scale of 1-4. Questions pertain to how you feel about these issues as a problem a the PRESENT time.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Date of Survey: 2. Cravings to use: 3. Knowledge of Relapse/Triggers: 4. Knowledge of Addiction: 5. Identifying & expressing feelings: 6. Ability to maintain abstinence: | <p>2/7/2019</p> <p>1 - No Problem/Not an issue</p> <p>1 - No Problem/Not an issue</p> <p>1 - No Problem/Not an issue</p> <p>1 - No Problem/Not an issue</p> <p>1 - No Problem/Not an issue</p> |
|---|--|

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
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Eudely Ruiz NS, MDDP, SAP, ICERL

Eudely Ruiz

Type : Staff

Method : Password

Date : 2/18/2019 2:02:52 PM

Codd, Joseph

Type : Patient

Method : Tablet Signature

Date : 2/18/2019 2:03:14 PM

Suicide Reevaluation

Date : 2/18/2019 Score : 0

- | | |
|--|-----------------|
| 1. Have you had thoughts of harming yourself or others since your last evaluation: | Patient Denies. |
| 2. If yes, Explain: | N/A |
| 3. Have you made plans to do harm to yourself or others in or out of the facility: | Patient Denies. |
| 4. If yes, explain: | N/A |
| 5. List any current symptoms you are feeling: | None |
| 6. What alternation in thought processes are you experiencing: | None |
| 7. Do you feel hopeless about the future? | Patient Denies. |
| 8. If yes, explain | N/A |

**If scoring is greater than 1 - COMPLETE
SAFETY CONTRACT - NOTIFY
PHYSICIAN AND PROGRAM
DIRECTOR**

- | | |
|---|-----|
| 9. Safety Contract or notification of Physician required: | N/A |
| 10. Did you complete a Safety Contract? | N/A |


Eudely Ruiz NS, MDDP, SAP, ICERL

Eudely Ruiz

Type : Staff

Method : Password

Date : 2/18/2019 2:04:20 PM

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
---	---------------------------

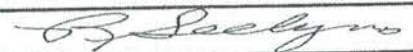
Name : Codd, Joseph **Admit :** 12/19/2018 **Med Rec # :** 7840
Program : IOP, 1928 NE 154th Street , Miami, FL 33162 **To :** 11/15/2019 **Episode No. :** 46141

Physician Discharge Orders/Summary

PDO


Date : 2/19/2019

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Scheduled Discharge Date: 2. Allergies (Medication, Food, Environmental) 3. Patient Diagnosis 4. Current Medications: 5. Medically Transfers to: 6. Follow up Care: 7. Discharge Type: 8. Suicidal/Homicidal Ideation: 9. Type of Order: | <p>2/18/2019</p> <p>Joseph Codd has no known allergies.</p> <p>Primary F14.20
Cocaine use disorder, Severe</p> <p>Primary F10.20
Alcohol use disorder, Severe</p> <p>Guiatuss OTC 1 tsp PRN
Ibuprofen OTC 400 mg PRN
Loperamide OTC (Imodium) 2 mg PRN
Medi-Phenyl OTC 2 tab(s) PRN
Melatonin OTC 5 mg PRN
Milk of Magnesia OTC 60 cc(s) PRN
Pepto-Bismol OTC 2 tblspn PRN
Trazodone - Tablets 50 mg PRN
Vistaril - Capsules 50 mg PRN</p> <p>The patient states that he is discharging on Friday, February 22 two Tim's halfway house and will attend daily meetings of 12 step recovery and work the 12 steps with a sponsor. He is on no medications.</p> <p>As above</p> <p>Approved</p> <p>he denies any suicidal or homicidal ideation whatsoever</p> <p>Physican entered</p> |
|---|---|



Richard Seely, MD - Psychiatrist -

Type : Physician Method : Password
Date : 2/19/2019 12:09:42 PM

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
---	---------------------------

<p>Name : Codd, Joseph Program : IOP, 1928 NE 154th Street , Miami, FL 33162</p>	<p>Admit : 12/19/2018 To : 11/15/2019</p>	<p>Med Rec # : 7840 Episode No. : 46141</p>
--	---	---

Clinical Discharge Assessments

Discharge Summary - 4/24

Date : 11/15/2019


- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Date of Summary: 2. Admission Date: 3. Date of Discharge: 4. Diagnosis: 5. Discharge Type: 6. Summary of Services: 7. Current medications: 8. Any medication issues that need to be taken into consideration at discharge: | <p>11/15/2019
12/19/2018
11/15/2019
Primary F14.20
Cocaine use disorder, Severe
Primary F10.20
Alcohol use disorder, Severe
Completed
Group Therapy, Recreational
Therapy
, HIV Education, Individual
Counseling
, 12 Step Meetings, Medication
Review/Monitoring, Psychiatric
Assessment, Psychosocial
Assessment, Family Session, Life
Skills, Psychoeducational Groups
Guiatuss OTC 1 tsp PRN
Ibuprofen OTC 400 mg PRN
Loperamide OTC (Imodium) 2 mg
PRN
Medi-Phenyl OTC 2 tab(s) PRN
Melatonin OTC 5 mg PRN
Milk of Magnesia OTC 60 cc(s)
PRN
Pepto-Bismol OTC 2 tblspn PRN
Trazodone - Tablets 50 mg PRN
Vistaril - Capsules 50 mg PRN
none</p> |
|--|--|

Clinical Summary of Patient's Response to Treatment

- | | |
|---|---|
| <ol style="list-style-type: none"> 9. Summary of patient's strengths and weaknesses, needs and concerns at time of discharge: 10. Patient's condition at discharge (Insights, judgement, motivation state of mind): 11. Unresolved issues that could affect continuing recovery: 12. Compliance in treatment: | <p>going to meetings, staying in touch
with sponsor
no discharge session with
counselor
ego and lack of humility
Good</p> |
|---|---|

Prognosis

- | | |
|--|---|
| <ol style="list-style-type: none"> 13. Motivation: 14. Medication compliance: 15. Level of insight at discharge: 16. AA/NA attendance: 17. Aftercare Plan: 18. Aftercare placement referral (Name, Contact, Location): | <p>Good
good
fair
daily
Return to independent housing,
Linked to AA/NA meetings
N/A</p> |
|--|---|

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
---	---------------------------

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
 Program : IOP, 1928 NE 154th Street , Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Clinical Discharge Assessments

(Continued...)

Discharge Summary - 4/24

Date : 11/15/2019

Prognosis

- | | |
|---|--|
| 19. Medical appointment referral (Name, Contact, Location): | N/A |
| 20. Other appointments (Name, Contact, Location): | N/A |
| 21. Patient's engagement in discharge planning process: | Patient was colaborative in the discharge planning process and was proactive in coordinating appointments and plans. |



Marian Bach - Clinical Director -

Type : Staff Method : Password
 Date : 11/15/2019 2:46:39 PM

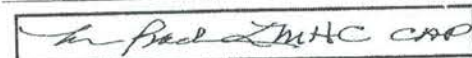
Suicide Reevaluation

Date : 11/15/2019 Score : 0

- | | |
|--|-----------------|
| 1. Have you had thoughts of harming yourself or others since your last evaluation: | Patient Denies. |
| 2. If yes, Explain: | |
| 3. Have you made plans to do harm to yourself or others in or out of the facility: | Patient Denies. |
| 4. If yes, explain: | |
| 5. List any current symptoms you are feeling: | None |
| 6. What alternation in thought processes are you experiencing: | None |
| 7. Do you feel hopeless about the future? | Patient Denies. |
| 8. If yes, explain | |

**If scoring is greater that 1 - COMPLETE
 SAFETY CONTRACT - NOTIFY
 PHYSICIAN AND PROGRAM
 DIRECTOR**

- | | |
|---|----|
| 9. Safety Contract or notification of Physician required: | No |
| 10. Did you complete a Safety Contract? | No |



Marian Bach - Clinical Director -

Type : Staff Method : Password
 Date : 11/15/2019 2:47:19 PM


Outcome Survey

Date : 11/15/2019

**This survey is to help us better serve
 our patients by tracking their progress
 while in treatment.**

**Please answer questions to the best of the patients ability, using a scale of 1-4. Questions
 pertain to how you feel about these issues as a problem a the PRESENT time.**

- | | |
|---------------------|-----------------------------|
| 1. Date of Survey: | 11/15/2019 |
| 2. Cravings to use: | 1 - No Problem/Not an issue |

 <p>Transitions Recovery Program 1928 NE 154th Street Miami, FL 33162</p>	<p>Assessments</p>
---	---------------------------

Name : Codd, Joseph Admit : 12/19/2018 Med Rec # : 7840
 Program : IOP, 1928 NE 154th Street , Miami, FL 33162 To : 11/15/2019 Episode No. : 46141

Clinical Discharge Assessments

(Continued...)

Outcome Survey

Date : 11/15/2019

This survey is to help us better serve our patients by tracking their progress while in treatment.

Please answer questions to the best of the patients ability, using a scale of 1-4. Questions pertain to how you feel about these issues as a problem a the PRESENT time.

- | | |
|---------------------------------------|-----------------------------|
| 3. Knowledge of Relapse/Triggers: | 1 - No Problem/Not an issue |
| 4. Knowledge of Addiction: | 1 - No Problem/Not an issue |
| 5. Identifying & expressing feelings: | 1 - No Problem/Not an issue |
| 6. Ability to maintain abstinence: | 1 - No Problem/Not an issue |



Marian Bach - Clinical Director -

Type : Staff

Method : Password

Date : 11/15/2019 2:47:47 PM



Codd, Joseph

Type : Patient

Method : Signature Image

Date : 11/15/2019 2:48:28 PM

Transfer/Discharge Checklist

Date : 11/15/2019

FOR TRANSFER TO A LOWER LEVEL OF CARE

1. (All of the following apply):

FOR TRANSFER TO HIGHER LEVEL OF CARE

2. (At least one of the following must apply):

AND

3. (All of the following must apply):

FOR DISCHARGE FROM TREATMENT

4. (At least one of the following must apply):

All necessary treatment modalities have been completed sucessfully according to agency discharge criteria.

REFERRAL

5. (Check One).

6. Name of referral person or agency.

The patient was furnished with an appropriate referral.
12 step program



Marian Bach - Clinical Director -

Type : Staff

Method : Password

Date : 11/15/2019 2:49:18 PM



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

To whom it may concern,

Joseph Codd has been enrolled in the YMCA counseling service since 2/15/2020. In that time Joe has been attending weekly individual sessions as well as weekly group sessions. Joe has been in attendance for all scheduled sessions and has tested consistently negative on all urinary drug screenings. If you need any further information I can be contacted at the YMCA Counseling Service at (718) 948-3232, or by email at Mmarchiano@ymcanyc.org.

Thanks,

Michael Marchiano, CASAC-T

YMCA OF GREATER NEW YORK Staten Island Counseling Service 3911 Richmond Avenue Staten Island, NY 10312
P 718-948-3232 F 718-966-6605

Client Name: JOSEPH CODD

ID# 10151 CAM ID# 7987 DOB 07/29/1987 DATE 03/10/2020

exacerbated by substance use.

10. Tolerance

- a. A need for markedly increased amounts to achieve intoxication or desired effect
- b. A markedly diminished effect with continued use of the same amount

11. Withdrawal, as manifested by either of the following:

- a. The characteristic withdrawal syndrome for substance
- b. Substance (or closely related substance) taken to relieve/avoid withdrawal symptoms

	ICD - 10 Code	ICD - 9 Code	Diagnosis Description	Specifier
Primary Diagnosis		F14.21	304.23	COCAINE USE DISORDER, SEVERE, IN
SUSTAINED REMISSION				
Secondary Diagnosis				
Tertiary Diagnosis				
Other Diagnosis				
Other Diagnosis				
Other Diagnosis				
Other Diagnosis				
Other Diagnosis				
Other Diagnosis				

Initial Services Needed

Type	Frequency
Individual Counseling:	YES X per 1
Group Counseling: WEEK (Specify)	X per
Group Counseling: (Specify)	X per
Group Counseling: (Specify)	X per
Group Counseling: (Specify)	X per
Family Counseling:	X per
Other Counseling: (Specify)	X per

Signatures and Approval

*** The following signatures have been entered using a unique user code and password. ***

Each staff member has user code and signature on file for review

Clinician Signature: **MMARCHIA**Date: **MICHAEL MARCHIANO, CASAC-T**Supervisor Signature: **JMCKERNA**Date: **JOANNE MCKERNAN, LCSW**

*** Documents requiring client signature, have been printed, reviewed by client, signed, and are on file. ***

Comments:

0

Date RN Visit / Medical Assessment Completed: 0

Client Name: JOSEPH CODD

ID# 10151 CAM ID# 7987 DOB 07/29/1987 DATE 03/10/2020

Other Problem Statement:

Other Problem Statement:

Other Problem Statement:

If the Patient is not admitted note the reason and referral (date, Time, Address, Agency):

Determination of appropriateness for service / LOCADTR Justification:

Patient Identified Priorities / Goals:

According to LOCADTR client deemed appropriate for TX setting.

Clinician's conclusions and initial plan of treatment:

Client wishes to avoid relapse and resolve legal matters.

Diagnostic Impression

Diagnostic Criteria for substance Use Disorder- A problematic pattern of substance use leading to clinically significant impairment/distress, as manifested by at least two of the following occurring within a 12-month period:

1. Taken in larger amounts of substance or over a longer period than was intended.

2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.

3. A great deal of time spent in activities necessary to obtain, use, or recover from its effects.

4. Craving or a strong desire or urge to use a specific substance.

5. Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continues substance use despite persistent/recurrent social or interpersonal problems caused/exacerbated by the effects of substance use.

7. Important social, occupational or recreational activities are given up or reduced because of substance use.

8. Recurrent substance use in situations in which it is physically hazardous.

9. Use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or

Client Name: JOSEPH CODD

ID# 10151 CAM ID# 7987 DOB 07/29/1987 DATE 03/10/2020

Does the patient have a history of Hepatitis A :

Does the patient have a history of elevated liver functions: **NO**Does the patient have a vaccination for Hep A : **NO**Does the patient have a vaccination for Hep B : **NO**Were any of those Positive: **NO**Has the patient ever tested positive for Hep C? If so were they treated : **NO**Has the patient ever tested for Syphilis? If positive, was it treated : **NO**

Other disease issues :

Does the patient need to be referred for follow up evaluation/care: **NO**Where? When? Time?: **NO**

Physical Health Problem Statement:

Pregnancy Problem Statement: **Patient is in good health.**

Family History

Family of origin/current family structure: Please fill in the following information:

Name	Relationship	Addicted?	Age	Recovery Status
Patient is in good health.		BRIDGET SCHNIDER		NO 45

History of Addiction/COSA/COA/ Family History of Mental Health and Addiction/ Addiction on Family:

Describe growing up in your family - Strengths/ Weaknesses:

Client reports his SA having an adverse affect on family dynamic.

Identify current living arrangements. Who are your support people/networks? Include involvement in self help groups:

Client reports stable upbringing.Family Problem Statement: **Client currently resides with parents.**Social Problem Statement: **Patient reports healthy supportive family relationships.**Did the client sign confidentiality releases for the family support delegates they identified? **Patient reports healthy sober supports.**If no, was the importance of this discussed with client and what was the rationale for not signing release? **YES**

Education/Employment History:

Education/Vocation Problem Statement: **Patient is satisfied with level of education.**Employment Problem Statement: **Patient reports satisfactory employment.**

Please describe any additional areas, including spiritual and cultural variables, that are important to the client.

Military Service History/Impact:

Client Name: JOSEPH CODD

ID# 10151 CAM ID# 7987 DOB 07/29/1987 DATE 03/10/2020

Based on MMS client deemed not in need of further services in this area.

Mental Health Problem Statement: **client denies any mental health related issues.**Lethality Problem Statement: **Patient denies history of mental health issues.**

Significant Medical Issues:

Patient appears emotionally stable.Was a physical exam conducted within the past year of admission: **no medical issues.**Can the YMCA obtain a copy: **YES**If no, has the patient been scheduled to see YMCA Medical Staff: **YES**Appointment Date: **YES**

Is the patient pregnant: / /

If yes, does the patient have prenatal care: **N/A**Does the client have a primary doctor? **N/A**If no, was a referral made? **YES**If so, to whom (date and time): **N/A**

Recommendations:

Mental Health History

Medications(s):

Medication	Dosage	Frequency	Route	Purpose Per Client	Prescribing Physician

Communicable Disease Risk Assessment (including HIV/AIDS, TB, Hep A, B, C, Other):

Does the patient have a history of intravenous drug use :

Does the patient have a history of blackouts: **NO**Does the patient practice high risk sexual behaviors? **NO**Has the patient been tested for HIV? **NO**

If so, when?

If test was positive, did the patient see a physician? **NO** What was the T-cell and viral load?**NO**

When was the patient's last tuberculosis skin test?

What was the result?

If positive, was the patient treated?

For how long?

When was the last chest x-ray:

Client Name: JOSEPH CODD

ID# 10151 CAM ID# 7987 DOB 07/29/1987 DATE 03/10/2020

Type of treatment	Date	Completed	Completed	Signed Release
NO NO	INPATIENT	DEC 2018	TRANSITIONS	YES

Recovery History

Legal History (closing, pending, or active)

Client reports completing inpatient rehab in the past year.

Addiction Problem Statement: **client has an acs case.**Nicotine Problem Statement: **Patient has history of multiple relapses.**Gambling Problem Statement: **Patient reports daily nicotine intake.**Legal Problem Statement: **Patient denies any history of gambling.**

Mental Health Diagnosis and History

Date	Provider	Condition being treated	Signed Release
Patient has a case with CPS.			

Mental Health/Conditions History - include any past/current suicide/homicide ideation:

Is there a DV trauma or abuse history: **client denies any mental health related issues.**

If yes, please explain

NO

Score of 1-5 Low Likelihood Mental Health Issues

Score of 6-8 Moderate Likelihood

Score on Modified Mini:

Score of 9+ High Likelihood

PSC:

Score of 26 or higher child in need of further assessment? 0

Score on PSC: **2**

Based on the results of the MMS/PCS and the information given above, is there any indication that The patient's mental health may adversely affect their ability to succeed in the outpatient level of care?

NO

Has patient been scheduled for further assessment?

Will patient be scheduled for further assessment? **NO**

Please list any mental health related issues the patient needs to address between now and until the development of the treatment/recovery plan:

Client Name: JOSEPH CODD

ID# 10151 CAM ID# 7987 DOB 07/29/1987 DATE 03/10/2020

YMCA of Greater New York
Admissions Assessment

Basic Identifying Information

Address: 5000 AMBOY RD

City: Staten Island

State: NY

Zip: 10312

Age: 32

SSN#: 122-76-2621

Gender: MALE

Race:

Marital Status:

of children: 0

Referral Source Info

Referral Source Type: PERSON SELF REFERRED

First name:

Last name:

Phone: () - -

Presenting Problem

Client is a 33 year old Caucasian man presenting to be in early remission from cocaine abuse. Client reports completing two month inpatient rehab and a 9 month outpatient in Florida. Client states that when he returned from Florida he was told his ex wife filed for full custody of his daughter and it was awarded to her. Client states that ACS is requiring him to do aftercare treatment as a condition of parenting rights.

Results of toxicology screen at assessment: COCAINE:POWDER

Substance Type	Frequency/Amount/Progression	Age of Onset	Date of Last Use	Route
	13	1 YEAR AGO	INHAL	

cocaine abuse. Client smokes cigarettes daily.

Client presents in early remission from

Substance /Nicotine Products:

NO

Did you have a DUI in past 2 years?

Drivers License #: NO

Are you a significant other:

If yes, significant other history

NO

Have you been trained to use a naloxone kit?: NO

If no, has Narcan Training been offered? YES

Was Medically Assisted Treatment discussed as a treatment option?

Please Explain: / /

Problem Gambling Assessment

1. Have you ever had to lie to people important to you about how much you gambled: Client denies MAT TX.

2. Have you ever felt the need to bet more and more money? NO

If the patient answered yes to either of the two Lie-bet questions from Admission Assessment then a South Oaks Gambling Screen should be given to determine the need for further Problem Gambling Treatment Services.

Previous Recovery History: (i.e.: treatment, self-help, etc.)

Name: **JOSEPH CODD**

ID# **10151** CAM ID# **7987** D.O.B. **07/29/1987**

**YMCA of Greater New York
Treatment Plan**

Type: **Individual Treatment Recovery Plan**

Admission Date: **02/15/2020**

Level of Care Indicated: **Outpatient Non-Intensive**

Plan Start Date: **03/11/2020**

Primary Counselor: **MICHAEL MARCHIANO, CASAC-T**

DSM-V Diagnosis

Primary Diagnosis:	F14.21 304.23 COCAINE USE DISORDER, SEVERE, IN SUSTAINED REMISSION
Secondary Diagnosis:	
Tertiary Diagnosis:	
Other Diagnosis:	
Other Diagnosis:	
Other Diagnosis:	
Other Diagnosis:	
Other Diagnosis:	
Other Diagnosis:	

Name: **JOSEPH CODD**

ID# 10151 CAM ID# 7987 D.O.B. 07/29/1987

Treatment Plan Review

Problem Area:

ADDICTION

Problem:

Problem #: 1

Patient has history of multiple relapses.

Problem Evidenced By:

Goal Statement:

will develop relapse prevention skills.

A. Obj: **JOSEPH** Client will identify motivations for avoiding and remaining abstinent from mood altering substances.

Method: **Will participate in individual sessions.**

Objective Status: **Active**

B. Obj: **JOSEPH** will build a program of recovery congruent with a sober lifestyle as evidenced by self report.

Method: **Will participate in individual sessions.**

Objective Status: **Active**

C. Obj: **JOSEPH** will maintain abstinence as evidenced by urine results.

Method: **will submit to random urines.**

Objective Status: **Active**

D. Obj:

Method:

Objective Status:

Are you working on this issue with any outside providers?

If yes, please see coordination page at the end of treatment plan.

Name: JOSEPH CODD

MR# 10151 CAM ID# 7987 D.O.B. 07/29/1987

YMCA of Greater New York
Discharge Summary

Admission Date: 02/15/2020	Discharge Date: 07/28/2020
Individual Sessions: 0	Group Sessions: 0
	Total Sessions: 0

Intake Clinician: MICHAEL MARCHIANO, CASAC-T	Primary Clinician: MICHAEL MARCHIANO, CASAC-T
--	---

Discharge Status: Completed Treatment: Half or More Goals
Other:
Discharge Disposition: Left against clinical advice: Lost to contact (no referral poss)
Referral Disposition: No referral made
Referral Category: No Referral Made

Currently attending 12-step and Other/Self-help group meetings (last 30 days)?
--

Principal Referral Source:	
Referral Source: PERSON	SELF REFERRED

Initial Assessment

Demographics Presenting Issues:

Client is a 33 year old Caucasian man presenting to be in early remission from cocaine abuse. Client reports completing two month inpatient rehab and a 9 month outpatient in Florida. Client states that when he returned from Florida he was told his ex wife filed for full custody of his daughter and it was awarded to her. Client states that ACS is requiring him to do aftercare treatment as a condition of parenting rights.

Initial Recommendations:

Client recommended for weekly individuals and relapse prevention group.

DADE FAMILY COUNSELING, INC.



THIS CERTIFIES THAT

Joseph Codd

has successfully completed the

*Department of Children and Families
Certified Batterer's Intervention Program*

[Signature]
Jose A. Garcia, FMD, CAC
Director of Program Operations

Date

11/12/19

3926 NW 167 ST. • MIAMI GARDENS • FL • 33054 • PHONE 305-621-6160



DADE FAMILY COUNSELING, INC.

Providing Individual, Family and Group Counseling since 1989

7/16/19

Anger Management Program

Off. Kravitz

7/29/87

This is to inform you that

Joseph Codd

CASE NUMBER

4/9/19

☒ Has been admitted into our program

Admission Date

☐ Failed to enroll in the program (see other).

☐ Continues to attend the program consistently, and with acceptable participation.

☐ Continues to attend the program consistently, but with minimal participation.

☐ Continues to be enrolled in the program, but at risk of being terminated (see other).

☐ Projected discharge date:

☒ Was discharged on 7/16/19

☒ With SATISFACTORY completion.

☐ Failed to complete program (see other).

☒ Other

Client has met criteria for completion of Anger Management 12 weeks

If you need any further information about the above mentioned, please feel free to contact me.

Very truly yours,

Li Kuan Mo

Anger Management Counselor
Dade Family Counseling, Inc.

PARENTING WISELY

THIS CERTIFIES THAT

Joseph Codd

has successfully completed the Parenting Wisely course of study for improving family relationships and is therefore awarded this

CERTIFICATE OF COMPLETION



YMCA Counseling Service

Local Provider

Donald A. Gordon

DONALD A. GORDON, PH.D.
PRESIDENT & CEO, FAMILY WORKS INC.
1005 EAST STATE STREET, SUITE G
VIHINNIS, OH 45701

FAMILY
WORKS

Completion Date: 3/18/20

EXHIBIT 4

Certificate of Completion



360training.com

This Certifies That

Joseph Codd

is awarded this certificate for

OSHA 10 Hour Outreach Training Program - Construction

360training.com, Inc. is authorized by IACET to offer 1.0 CEUs for this program

Credit Hours: 10.00

Completion Date: 11/27/2017

Matthew Luman

Matthew Luman, Trainer C 0105487 and G 000079198

"As an OSHA authorized trainer, I verify that I have conducted this OSHA outreach training class in accordance with OSHA Outreach Training Program requirements. I will document this class to my authorizing OSHA training organization. Upon successful review of my documentation, I will provide each student their completion card within 90 days of the end of the class."

360training.com, Inc. is accredited by the International Association for Continuing Education and Training (IACET) and is authorized to issue the IACET CEU.

360training.com ♦ 13801 Burnet Rd., Suite 100 ♦ Austin, TX 78727 ♦ 877.881.2235 ♦ www.360training.com



EXHIBIT 5

U.S. Department of Justice Federal Bureau of Investigation

is proud to recognize

Deputy Director Kevin Codd
Department of Sanitation

for meritorious and dedicated service during the forensic recovery of
the World Trade Center debris at the Fresh Kills Landfill, Staten Island,
New York.

September 2001 - July 2002

Date



Robert S. Mueller, III
Director
Federal Bureau of Investigation

EXHIBIT 6 (a-h)

July 6, 2021

Honorable Presiding Judge

Your Honor:

My name is JoAnn Codd, and I am Joseph Codd's mother. I am 66 years old, a native Staten Islander, and live with my husband of 40 years in a home on the South Shore. Kevin and I have five children between us, though I am the biological mother of our last three, Joe being the youngest. With the exception of Joe, all of our children live apart from us in their own homes. We have eight beautiful grandchildren. After 15 years, I retired 5 years ago from my position as the Vice Principal of New Dorp High School here on Staten Island, spending much of my 30 year career with the NYC Board of Education focused on the education and advancement of Special Education students.

Naturally, I have known my son, Joseph, all of his life, and have been nothing but blessed as a parent throughout his childhood by his enthusiasm, his sense of adventure, his perseverance in the face of obstacles and his general positive outlook. Looking back, I think that all of us we were mostly touched by his love of our family and his devotion to his friends, as well as his interest in everyone he met. To this day, his ability to empathize with others under a variety of circumstances is one of his major strengths. Joe was surely born with a passion for life and for getting to know people from all walks of life. For the most part, a happy, healthy, smiling boy right into his early teens, Joe was excited about all the possibilities life had to offer. I think these were the happiest years in our lives. There was Little League, Cub Scouts, basketball, biking, fishing, a paper route, homework, church, altar service, repair projects of all kinds with his Dad, and more much of this in the midst of my husband, Kevin, building our house after his regular work days for several years, and my going to night school while preparing to return to work as a special education teacher after 10 years of being home with my children..... yet we always found a way to vacation once a year, whether camping upstate NY, enjoying the Jersey shore, or renting an old Ice House in Truro, Cape Cod and sharing our love of wildlife, surf fishing, racing and American history with our children. We were struggling financially for sure, and were certainly very busy but we were happyin the most of meaningful ways.

Joe's life, as well as the life of every member of our family, would change drastically when he was a student at New Dorp High School. Looking back, I remember thinking that his going to school there (which was out of our zone) would be a great idea in that the Principal and I were initiating new academies that catered to the individual interests of our students. Joe would then be able to choose a learning community that spoke best to his. He and I would also be able to travel there together from our home in Annadale, each day. And for a short while It really was greatuntil he was wrongly accused of assaulting a Midland Beach resident who was a New Dorp High School student at the train

station near our home. Up until then, I had not realized the prejudice there was by the New Dorp and more specifically, the Midland Beach community for the south shore where I lived, which for years was to be increasingly made up of former Brooklyn-ites, but I later learned that many in this community characterized the youth of our neighborhood as "Joeys", "rich", "entitled", and "privileged" Italians. That community mindset began the greatest nightmare of our lives, as we spent almost three years in and out of court working to prove Joe's innocence, mortgaged our home to pay for legal and investigative expenses, and did all this amid the constant and continual media barrage of public smears, innuendo and unabashed hatred for Joe and our entire family. At 15 years old, he became the target of an outright witch hunt and life would never be the same. Though exonerated at long last with only a small newspaper column somewhere on a back page in our local paper and after being portrayed as a monster for so long, the damage was done. In retrospect I know that it was at this time during this critical age in his personal development, that his self-esteem, confidence, and his perception of the future were severely damaged.

I am not sure when Joe began using drugs in order to escape and or cope with the challenges and often-times great pain that life would present him, but I do know that he was faced with many obstacles, difficulties, and even tragedies following. Maybe beginning with breaking his back while quad riding and being given a prescription for oxycodone, or holding his lifelong best friend in his arms at his engagement party as he died after being attacked and stabbed to death by a deranged killer, or losing contact with his baby girl and the home he worked night and day to make happen after a bitter divorce from the girl he thought he would spend the rest of his life with, or unsuccessfully trying to revive a long time heroin addict friend who had overdosed, I'm not sure he was ever able to rise above these events. Of course, there were happy, productive and even promising times along the way, like managing his own apartment, helping Kevin and I, his brothers and sisters and many friends with projects and coping with difficulties in their lives, successfully running a Boars Head route to great heights, marrying the girl who was going to be the mother of his little girl, Ava, and with wit and hard work turning a dilapidated old house into a warm, safe, and cozy one while contemplating the dreams he had for his future with his wife and baby. And of course..... many more. It was during these times that everything he truly is.... going back to his childhood and a young and hopeful teenager, allowed itself to surface and shine.

I may never fully understand what brought Joe to this place, or why he faced so much more than most of us do from such a young age, or even why he dealt with these challenges and even tragedies in whatever ways he did, but I do know that he has never stopped trying to get to a better place. In many ways, he was always trying, and I can't tell you how hard we worked to get him help, and how frustrating the lack of resources can be. During the last months before Covid and the end of in- person counseling and drug monitoring, he was excited once again at the possibility of reuniting with his daughter, and enthusiastically participated in drug testing and counseling at the YMCA. Even volunteering for a Saturday group session each week, he was determined to prove himself worthy and ready to be the best Dad he could be. As far as I know, he never missed a child support payment and though not getting to see her for quite some time, considered his daughter his priority.

Please know that I understand how you must consider many points of view and how very difficult that must be, but I am hoping that you will be able to consider a degree of leniency in your sentencing for

Joseph. Notwithstanding the many challenges and difficulties he has faced from a young age and his dependence on drugs, which became much worse in substance and intensity in the absence of intervention during the Covid lockdowns, Joe is sorely missed here at home as my husband is suffering from severe emphysema and unable to do the many things he always had to maintain our home. Kevin, once extremely active and vibrant, who worked as a NYC Department of Sanitation employee as the Deputy Director for the Fresh Kills Landfill and participated for over a year in the 9-11 recovery effort, now needs 24/7 oxygen delivery and can do very little. Kevin's condition, as expected based on his diagnosis, has only declined since Joe's arrest and incarceration 9 months ago and Joe is surely the one who would be able and willing to take care of so many of the day to day things that Kevin no longer can do for us when he returns.

After the long segregation and isolation Joe experienced from October 2020 in the Brooklyn Metropolitan Detention Center due to Covid pandemic regulations, Kevin and I now get to speak to Joseph almost every day. More of a support to us than we might be to him in our conversations, he is always positive and hopeful and concerned about everyone. We actually got to visit with him for the first time a week ago! He is reading many books... most of which relay varied stories of lives transformed through faith and understanding, and the inspirational messages of religious leaders, motivational speakers, and even philosophers and renowned historical leaders. As time permits, we talk and/or write to each other about these ideas, messages and the promise of change as it applies to healing and redemption. I know he is focused on finding ways to deal with the insecurities and demons he has battled with for so long and to make a difference in this world, as only one with his experiences might be able, when he gets home. I, along with my husband and all our family, friends, and neighbors are looking forward to his return home, are here to support him in any way we can, and look forward to new beginnings and getting to see all that Joe can accomplish for himself and others.

I know I'm his Mom, and I know that I might be viewed as the farthest from being objective in any way, but I know Joe's heart and soul, and truly believe, given the support and the chance to, he can truly make a difference, a positive difference, for many.

Thank you for your consideration.

Respectfully,

JoAnn Codd

A handwritten signature in black ink, appearing to read 'JoAnn Codd', written over a horizontal line.

5000 Amboy Road

Staten Island. NY 10212

718-667-5686

July 7, 2021

Honorable Judge Presiding

Your Honor:

My name is Kevin Codd and I am Joseph Michael Codd's father. I am 73 years old, a native Staten Islander and live with my wife, JoAnn of 40 years. We have five children and Joseph is the youngest. We also have eight wonderful grandchildren. After 27 years being employed by the NYC Department of Sanitation, I retired. I reached the title of Deputy Director through civil service tests and a mayoral appointment. On September 12, 2011, I started working on the World Trade Center recovery beginning at Ground Zero but mainly at the Fresh Kills Landfill where I worked alongside many individuals from government agencies, including FBI and the CIA. Unfortunately, I wound up developing very severe lung problems and was recently diagnosed with severe emphysema. As a result, I need oxygen at all times and take several medications for this condition. I was, however, happy to do my part and gladly carried out the required work at Fresh Kills for the recovery effort.

I feel very close to my son, Joseph, as we always have been. He is a loving, caring person who always treated everyone he met politely and with respect. Joe always had a zest for life while being involved in Cub Scouts, Little League, biking, fishing and a paper route in our neighborhood. He was also an altar boy at our local parish, Our Lady Star of the Sea in Annadale, Staten Island. We worked on cars together and he learned a lot of mechanical skills throughout the years. Joseph always had a great work record and obtained a CDL and ran a Boars Head produce route for several years, and also did concrete work while driving a 10 wheel dump truck. Joe was always very punctual, paid attention to detail, got along well with others and had a very good work ethic.

I'm not exactly sure at what age, but maybe when he was around 18, Joseph had a quad accident and broke his back. The hospital prescribed oxycodone for him, but little did we know how highly addictive it was. His injury took quite a while to heal and during that time he continued to take his prescribed medication. This eventually led to his constant on and off use of drugs and the many attempts he made to rid himself of drug addiction. Throughout all these days, though, he always remained his loving, caring self.

Since Joseph's arrest in October 2021, he has been housed at the Metropolitan Detention Center in Brooklyn and due to Covid restrictions we were not able to speak with him often and

could not visit with him until recently. Despite this, he seemed to maintain a very positive attitude and considering the many hours of Covid lockdowns, is still a very positive and grateful man. We are fortunate to get to speak to him on the phone now on an almost daily basis.

My wife, JoAnn, provided many more details in her letter to you (especially his wrongful arrest at 15 and all that followed), and I hope that between the two you might have an idea of the love we have for our son Joseph, his consistent love and concern for us, and the faith we have in his future. He has had time to reflect on his past with a great degree of clarity now while thinking about what he will need to do going forward, and I believe he will assimilate back into society in a very positive way. We sincerely hope you can grant him leniency with regard to his sentence and get him back to his family as soon as possible

Respectfully,

A handwritten signature in black ink, appearing to read "Kevin P. Codd". The signature is fluid and cursive, with the first name "Kevin" written in a larger, more prominent script than the last name "Codd".

Kevin P Codd

5000 Amboy Road

Staten Island, NY 10312

718-356-6486

Jul 8, 2021

Honorable Presiding Judge

Your Honor:

My name is Maura Codd and I'm Joseph Codd's older sister. I'm a NYC Department of Education special education teacher, and mother to Joseph's niece, Raquel. I've known Joey my entire life, as we grew up together in the same house with our parents, Kevin and JoAnn, and our other brother, Kevin.

When I look back and remember Joey as a child, I remember his smile, and his happy, upbeat disposition, but most of all I remember his kindness. He was always a very loving and caring brother. Whenever I was upset about something - whether it be a problem with my friends in school, a bad grade on an exam, or any such childhood issue, he'd be right there to give me a big hug and make sure I was okay. This never changed - as we got older, Joey would be the first one to stop what he was doing and come help me, give me advice, or just sit with me so I didn't have to be alone during difficult times in my life. I've known very few people with a heart as big as my brother's.

As a teenager, Joey showed this same kindness to all of his friends, and was liked by everyone. He loved helping my dad with construction projects around the house, learning how to fix cars and build engines, and just always enjoyed being together and doing things as a family. Joey was an alter boy, had a paper route which I passed down to him, and loved riding bikes with his friends. He was a happy kid.

Joey's life was turned upside down when he was a teenager, and was wrongfully accused of an assault. This assault became a very talked about and publicized case on Staten Island. He was written about in the newspapers as if he was guilty, parents of his childhood friends no longer

accepted him, and for the first time in my life I saw that beautiful bright light my brother always had inside of him start to dim. I'm not sure what he felt back then, but it almost seemed like he started to believe he was "bad" because so many people suddenly thought that way of him. I can't even imagine how painful it was for him. When the truth of his innocence finally came out, my family was of course happy, but so much damage had already been done.

Joey tried to bounce back from this and live a normal life. One of the things he enjoyed doing was riding dirt bikes. He'd learned a lot from my dad about building engines, so he'd work on them with his friends and go riding on the weekends. One of those weekends, he fell off his dirt bike and severely injured his back. The doctor prescribed him pain medication, and I believe this was the start of his addiction. He's been battling it ever since, with periods of sobriety, and relapses. He's experienced many painful, traumatic hardships in life, and it seemed that he didn't know any other way to endure the pain. But throughout it all, he's never stopped being that same loving, kind little brother to me that he was when we were kids. I remember speaking to him a few weeks before he was arrested. I told him he didn't have to keep feeling this way, that there were support groups, people who found long-term sobriety, and that God could heal his pain. He said, "It's too much." and I knew what he meant. He meant that his pain, and the things that he's experienced were too much for even God to heal. My heart broke for my little brother, and that was the last time I saw him until yesterday, when I visited him at the Metropolitan Detention Center in Brooklyn.

Your honor, I'm not sure if you've ever had a loved one who's suffered from addiction, but if you have, you'd know that you sometimes wonder where that person has gone. When you speak to them, they are like shells of the person you once knew, and after some time, you may even forget what they were like. When I sat across from Joey yesterday, it was like seeing my little brother for the first time in so many years. He was Joey again. He was that bright eyed, kind, loving brother - with life in his eyes, with that light of his starting to shine again. We mostly talked about the things going on in my life. I'm remodeling a home, and Joey learned so much from my dad, that he could

build a house from the ground up - I watched him work day and night to transform a fixer-upper years ago so that his wife and daughter could have a beautiful home to live in. He gave me lots of advice, and kept apologizing to me that he couldn't help me right now. I know my brother, and I know this apology meant much more.

I ask that you consider leniency for my brother when determining his sentence, because I know, especially after seeing him yesterday, that this has sobered him in more ways than one. With support and this continued sobriety, I know Joey will be the father his daughter, Ava, needs, the irreplaceable member of our family that we've missed for so long, a productive, hard-working member of our society, and finally able to begin to heal his own heart. Thank you for taking the time to read this, your honor.

Respectfully,

A handwritten signature in black ink, appearing to read 'Maura Codd', with a long horizontal stroke extending to the right.

Maura Codd
31 Azalea Court
Staten Island, NY 10309
(917)-808-9060

July 5, 2021

Honorable presiding Judge

Your honor,

Thank you for taking the time to read this.

It is with so much emotion that I compose this letter to you as it is my wish to somehow convey through words even a fraction of the true person that my brother Joey is to me, to the rest of his family and his extended family of friends.

My name is Erica Aylward, and I am a registered nurse for 27 years. I graduated from St. Vincent's School of nursing in Manhattan and currently reside in Florida with my family since 2008.

Joey is my youngest brother and is the youngest in our blended family of 5. There is a significant age difference between him and I, I am the oldest daughter from my father's first marriage and Joey is the youngest of three between my father and stepmother.

I share that, because even with the vast difference in age between Joey and I, he has taught me so much over the years that I continue to strive to emulate. The first thing that comes to mind is his deep, unwavering love for his family. Passionate in everything he does, Joey has a way of making everyone feel special. He is selfless in each and every interaction, always ensuring the depth of his caring and concern is felt by those he loves. He never leaves a doubt.

Joey's love for family was epitomized with the birth of his daughter, Ava. When they found out they were expecting, I watched in sheer amazement as my "baby" brother, along with a group of his closest family and friends, gutted and completely remodeled a house in just under 2 months ensuring his family could come home from the hospital to their finished home. Throughout Ava's birth and her early years, I watched my little brother who sometimes struggled to find his way, slowly growing into the same amazing

man as my father Kevin, a true provider, caretaker and guardian for all those he loves.

During a few of his struggles in recent years Joey had voluntarily checked into a rehabilitation here not far from me in Florida. We stayed in close daily contact and I visited whenever I could. Joey shared that his goal was to get the help he needed to deal with overcoming his addiction and was eager to do whatever that took. His enthusiasm was incredible. Joey's work ethic is very much like my fathers and stepmoms, and also not a very common one.

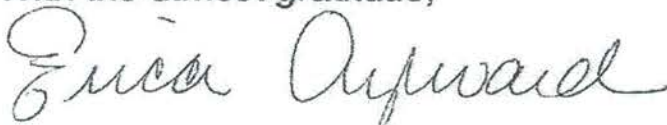
Working every day, as many hours as he could outside of the rehabilitation hours, he was determined to not let anything take away from the financial support for his daughter during this time that he was getting treatment. There was not any work that was beneath him.

During this same time, Joey voluntarily sought out additional self-help classes to learn to be not only a better person but a better parent. He told me how he was building up his "toolbelt for life", as he still needed a few! He is continuing that quest daily.

In spite of the suffering and darkness Joey has endured personally over the years, he has never assumed a "woe is me" outlook, but always choose ownership first and then a way to make it right. His optimism and positive outlook continue to shine through, continuing to be so very inspiring to me every day.

It is my prayer that I am able to share even just a small insight to the amazing soul of my brother, Joey. Thank you, your honor.

With the utmost gratitude,

A handwritten signature in cursive script, reading "Erica Aylward". The ink is dark and the signature is fluid, with a large loop on the "A" and a long, sweeping tail on the "d".

Erica Aylward

July 6, 2021

Honorable Presiding Judge

Your Honor:

I am JoAnn Codd's (Joseph's mother) best friend since kindergarten and godmother to her first child. I was a peace officer for the NYC Board of Education and am now retired.

I've known Joey all his life. I've always been impressed with his empathy and compassion. I fostered a young boy who had been removed from his mother's care. The first time Joey met Ryan he led him by the hand to the stream on the Codd's property and introduced him to the fun of catching a frog. He then constructed a home out of rocks, grass and an old wading pool for the captured frog. In a few hours Joey gave Ryan the memory of a happy normal childhood experience.

Joseph's teenage years were marred by an arrest for which he was ultimately completely exonerated. There was a long trial and he was exposed to the cruelty of the press and public opinion. I believe his life since has been colored by that occurrence. He suffers from extreme anxiety attacks and I believe feels everyone he meets has a pre-formed opinion of him. The sensitive nature which gives him such generosity of spirit has also caused him great pain.

He is a hard worker and always the first to offer a helping hand. He maintains a strong connection with family and friends and has the full support of the many people who care about him. Joe has always owned up to his mistakes and possesses the intelligence and determination to learn from them. I am convinced he will continue to pursue all avenues afforded him in his desire to become the productive and trustworthy man he was meant to be.

Sincerely,

A handwritten signature in black ink that reads "Pamela Moschella". The script is cursive and fluid, with the first name and last name clearly legible.

Pamela Moschella

240 Nautilus Drive

Manahawkin, NJ 08050

347-215-0125

Honorable Presiding Judge

Your Honor:

I am a Paraprofessional in the New York City Department of Education working with students with disabilities in a high school setting.

I have known Joseph Codd since he was born. He was our miracle baby after days in the intensive care unit following a high fever when he was only 10 days old and I still remember how wonderful it was to finally get to hold my beautiful nephew for the first time. Growing up, Joseph spent every morning at my home before school while his mom, JoAnn travelled to work. Because my daughters would eventually attend the same catholic school, he eventually walked them to the bus stop each morning and watched over them in many ways through their years in school. Joseph was more of a big brother to my girls than a cousin.

Joseph is a caring son, brother, nephew, cousin, and uncle. The role which suits him the best though, is being a father to his beautiful baby girl Ava. Witnessing the pure joy of Joseph becoming a father brought tears to my eyes. Joseph loves his daughter unconditionally and would do anything to keep her happy and safe.

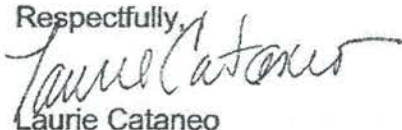
Joseph is a determined hard working individual and ran a successful Boars Head route for a few years. He is a skillful worker and has also worked in construction, learning first hand much of this while watching his father when he was growing up. He definitely shares his dad's love of auto mechanics as well. He is also an outdoorsman, and a lifelong member of the Staten Island Surf Club, and enjoys fishing with his friends and family.

Joseph has always been loyal to his family and friends, compassionate and loving and brings joy and laughter to those around him. In his high school years Joseph suffered the unthinkable hardship of being wrongfully accused of an assault on another teen which caused many years of ridicule and definitely took a toll on his self esteem. Throughout this time Joseph attempted to move past these allegations and stayed strong for his family. I have also witnessed the pain that Joseph has carried with him for years after the tragic death of his lifelong best friend who passed away in his arms.

I know that Joseph has struggled for quite some time with addiction, and it breaks my heart. I also know that he has never stopped trying to get his life back and that he participated in a variety of drug rehab programs in an attempt to do that. After making great progress right before the Covid lock downs where he seemed to be doing really well, the lack of available help like the weekly drug testing and the counseling he had been attending up to then had him struggling with this yet again.

I am hoping that you will consider these circumstances in some way and show Joseph leniency in his sentence. He is a loving man with a kind soul, and I believe the future can be bright for him with treatment for his addiction and the love and support of those around him here at home.

Respectfully,



Laurie Cataneo

147 Fabian Street, Staten Island, NY 10312
Phone # 646-338-2418

July 6, 2021

Honorable Presiding Judge

Your Honor:

My name is Michelle Midura. I am 54 years old and reside in Staten Island New York. I am writing you in regards to Joseph Codd, asking for leniency with his case and your sentencing decision.

I want this letter to serve as a true insight into the real Joseph Codd. He comes from a wonderful family. They are respectful, loving, kind and very close. His mom has been my friend my entire life. My relationship with his mom goes way back to my dad and Joey's grandfather being childhood pals, founding a community sports club in their childhood neighborhood here on Staten Island; and doing great things for that community and our families. This club continues to this day for our families even though both of our dads are now deceased. His dad, Kevin, has also been a friend of my husband Jim for decades. They share a love of fishing and cars which Kevin has also shared with Joe and his other children. I consider Kevin my friend as well.

Joey has a wonderful family life with lots of love and support. I remember many beautiful times; holidays, club and personal picnics, celebrations, graduations, and much more. I can remember Joseph even as a baby, in a car seat, on the way to one of their annual family summer vacations, this particular one to Cape Cod, MA. No matter how hard his parents worked they always made their children a priority and took those summer trips and other trips to make beautiful memories and bond with their children. There is a lot of love in the Codd family. I also remember Joe being a young boy fiddling around his beautiful yard one day and looking at me with a huge smile and a wink. He was probably seven then and thoughts of that little wink that day still makes me smile. He has always been such a pleasure to be around.

I believe things changed for Joe when he was charged with a crime at the young age of 15 in which he was wrongfully targeted as guilty in papers and in the community. He was at such an impressionable age and felt like the world was against him. That affected him internally, mentally and emotionally. For this crime he was exonerated of course because he was not guilty. It took such determination for all of us to keep him positive and to keep him believing that justice would happen for him. I was in the courtroom on the day we heard the words "you are free to go and the charges are dismissed" and what a great day that was. On the way to court that day we happened to see a license plate that read "BE FREE" and I knew God was giving us a sign it would work out. Thankfully, the truth prevailed. He finally got justice but the damage to him obviously remained. He went through so much. I remember him struggling but he pushed through. He went on as the strong young man he was however he faced many other challenges. That case changed that sparkly eyed happy child. Through it all his parents, friends and family have remained beyond supportive and loving and that remains the same today.

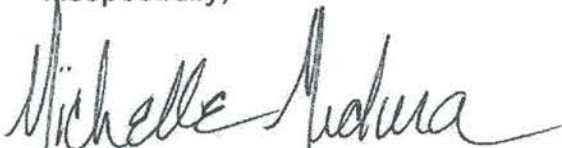
As for these most recent events, I believe he was lost, not the Joe I know and completely caught up in what he might have viewed as a losing battle with drug addiction. He seemed to be in an especially bad place for the last few months prior to his arrest, but he is not the person that he is being portrayed as in the media.

His family needs him. His dad is presently ill and Joe helps him and his mom so much. His brother, sisters, uncle, nieces and nephews need him too. He is also the loving dad of a precious and beautiful daughter who he absolutely adores and who means the world to him. She is the reason he never stopped trying and I believe the reason he will succeed. He has the ability and the drive to make positive strides when he comes home and I pray that it's sooner than later. Please consider that he is a good man who has a lot to offer and deserves a fair chance to begin anew with continued help and support.

I could write so many things about my great experiences with Joe but then my letter may become too long. I just want you to see the person rather than the legal documents in your courtroom. He truly is a wonderful person who made a mistake. Please take this into consideration when rendering your decision. I hope I provided you with some insight to what a beautiful person Joseph Codd truly is.

Staten Island for all its changes is still a tight community and I know that not only my husband and myself will be here for him, but also many others in my community who have expressed the same desire to support him.

Respectfully,

A handwritten signature in black ink, appearing to read "Michelle Midura". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michelle E. Midura
1 Ocean Driveway
Staten Island, NY 10312

July 8, 2021

Honorable Presiding Judge:

Your Honor,

My name is James Midura and I am writing this letter in hopes of providing you with some insight about Joseph Codd and his wonderful family.

I have had the pleasure of knowing both of Joseph's parents for over 50 years, his father Kevin and his mother JoAnn. His parents come from proud and loving North Shore Staten Island families and both grew up instilled with the notion that hard work and determination would bring reward and recognition.

I have watched Joseph grow up from birth to a Boy Scout, Little League, graduations and on to manhood and becoming a father. I recollect him as always happy, respectful and outgoing.

The Codd family tree shows a prominent bunch of public service individuals, from a Police Commissioner to a City Council member. Joseph's father Kevin rose to the rank of Deputy Director in the New York City Sanitation Department and was instrumental in conjunction with the FBI in formulating a plan to collect and transport the 9/11 debris field to the Staten Island landfill. His knowledge of heavy equipment and their capabilities helped the Government to react swiftly to the situation at hand. I also believe that American disaster contributed greatly to Kevin's present health condition, as today he suffers from COPD. Joseph's mom JoAnn rose to the rank of Assistant Principal in the New York City Board of Education. This hard working family obviously leaves legacies to admire.

To summarize my letter, Joseph Codd comes from good stock. My wife Michelle Midura, who is also writing to you in support of Joseph, has elaborated in further detail the life and challenges faced by Joseph. May I also say that having been a business owner in the community for over 30 years, I tend to know how to read people and Joseph is a good person.

Thank you for your time and consideration.

A handwritten signature in black ink that reads "James P. Midura". The signature is fluid and cursive, with the first name "James" and last name "Midura" clearly legible.

James P Midura
One Ocean Driveway
Staten Island NY 10312